

STATE OF CALIFORNIA

RESOLUTION TO CHANGE AUTHORIZED SIGNATORY

DISTRICT REPRESENTATIVE/CEQA OFFICER

SAB 508A (REV. 01/95)

DEPARTMENT OF GENERAL SERVICES

STATE ALLOCATION BOARD

SCHOOL DISTRICT (LEGAL NAME)	COUNTY	RESOLUTION NUMBER
APPLICATION NUMBER	CHANGE OF AUTHORIZED SIGNATORY <input type="checkbox"/> CEQA Officer <input type="checkbox"/> District Representative	

All documents must have original signatures.

WHEREAS, the _____

(Legal Name of Governing Body)

of the above named school district desires to change the authorized signatory to act for said school district in matters pursuant to Chapter 22, Part 10, Division 1, Education Code;

NOW, THEREFORE, BE IT RESOLVED, That all powers, rights, and duties previously conferred upon

_____, are hereby revoked; and
(Name)

BE IT FURTHER RESOLVED, That until further action of this body, the following one or more persons are authorized to

act individually as _____, ☐ CEQA OFFICER ☐ DISTRICT REPRESENTATIVE
(Name)

on behalf of the aforementioned school district in all matters pursuant to Chapter 22, Part 10, Division 1, Education Code, other than those requiring action by the governing body of this school district:

I, _____ Secretary/Clerk of
the _____ School District, do hereby
certify the foregoing to be a true and correct copy of a Resolution adopted by the governing body of the aforesaid school district at
a meeting held on the _____ day of _____, 19 ____.

Signature _____

ADDRESS		
CITY	STATE	ZIP

file in: (old) District Resolutions
(new) District Resolutions